

215047499
70031

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 999	Agency Case No. B5-107170	HIT & RUN? <input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/26/2015		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2121	11/16/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.		ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
20	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
9	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	FLED SCENE		PHONE	LOCAL NO.		
V2/N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
1	OWNER		PHONE	LOCAL NO.		V1/1 19
G	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
2	LICENSE PLATE NO.		YEAR (Plate Expires)	STATE (Of Plate)	V1/2	
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
5	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		V1/3		
V1/O	TOWED TO		TOWED BY	V1/4		
V2/O	POLICY NO.		V1/5 19			
2	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	PARKED UNATTENDED		PHONE	LOCAL NO.		
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	V2/1 18	
8	OWNER		PHONE	LOCAL NO.		V2/2
8	ERIC STURM 06/19/84		402-310-4211			
J	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
12	128 N 13TH ST # 1003, LINCOLN, NE 68508		V2/3			
V1/Q	LICENSE PLATE PA NO.	TDV510	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
V2/Q	VEHICLE	2012	Chrysler	2TR	4 door Sedan	gray
4	VEHICLE ID NO. (VIN)	1C3CCBBB4CN113704		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 2000		
K	TOWED TO		TOWED BY	INSURANCE COMPANY		
13	POLICY NO.		FARM BUREAU			
13	7852309		V2/5 18			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME			
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME			

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107170



Indicate
North
by Arrow

No diagram. Accident location & date of occurrence is unknown.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Eric, the owner of V2, reported he found damage to the rear of his vehicle on 11/07/15. He said it was fine on 10/25/15, but sometime in between it was struck by an unknown vehicle. Eric said during that time, his vehicle was parked at the Omaha Airport, he was in Genoa, NE, & his vehicle was parked at 101 N. 14th Street in Lincoln, NE, during that time as well. He has no idea who hit his vehicle, but damage was measured between 28 & 36 inches AGL. There are no suspects & it is unknown exactly where or when the accident occurred. Eric was certain his vehicle was not struck while he was in it.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2	
1													0		0	
2					12		05						Y		Y	
1	13	06 Turning left			12		05		1 Deployed - front		1 None used - vehicle occupant		N		N	
2	10	08 Entering traffic lane							2 Deployed - side		2 Lap & shoulder belt used		X		X	
					00 None		01		3 Deployed - both front/side		3 Shoulder belt only used					
					09 Top & windows		02		4 Not deployed		4 Lap belt only used					
					10 Undercarriage		03		5 Not applicable/ No airbag available		5 Child safety seat used					
					11 Total (all areas)		04		6 Unknown		6 Child booster seat used					
					12 Other		05				7 DOT approved helmet used					
							06				8 Costume helmet used					
							07				9 Restraint use unknown					
							08									

ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2	Pedestrian
	Y	Y	Y
	N	N	N
BAC LEVEL			
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	
	5	5	
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1563	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jon Rennerfeldt		INVESTIGATOR SIGNATURE Approved by Officer Jon Rennerfeldt	DATE OF REPORT 11/16/2015